STATE OF MAINE

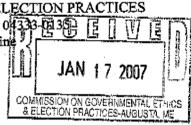


COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775

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STATEMENT OF SOURCES OF INCOME. 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1,2006 THROUGH DECEMBER 31,2006

FULL NAME: Walter A Wheeler SR		Please check the appropriate box and fill in the District number.	
MAILING ADDRESS: CITY:	Kittery Me		Member of the Senate, District
ZIP CODE: _	03964		
PHONE NUMBER:	207 439 2695	>	Member of the House, District 15

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer
p.T. I fam.	Barry U le	
15014 1200 From	· + f	· · · · · · · · · · · · · · · · · · ·
Sprial Secu	ily	
	0	
		•
Enter the name and addr	ith a partnership, firm, professional association,	egislators who are self-employed.) reas of economic activity from which you derive or similar business entity, list the major areas of
Name and Address	Major Areas of Economic Activity	Major Areas of Economic Activity
of Business Entity	(self)	(partnership, association or similar business entity)
.03.00		
	NA	
specify only the principa	this form of disclosure is promotice by taw, rull type of economic activity of the entity or pers Address	Principal Type of Economic Activity of Entity or Person Who Is the
		Source of Income
		Source of Income
-		Source of Income
		Source of Income
		Source of Income
		Source of Income N. A.
ART III. MAJOR AREAS	S OF PRACTICE. (For Legislators who are a aw firm, list the major areas of practice of your	NA, uttorneys-at-law only.) List your major areas of
ART III. MAJOR AREAS	aw firm, list the major areas of practice of your	NA, uttorneys-at-law only.) List your major areas of
ART III. MAJOR AREAS actice. If associated with a l	aw firm, list the major areas of practice of your <u>rm</u> <u>Major Areas of Practice</u>	Attorneys-at-law only.) List your major areas of firm. Major Areas of Practice
ART III. MAJOR AREAS actice. If associated with a l	aw firm, list the major areas of practice of your <u>rm</u> <u>Major Areas of Practice</u>	Attorneys-at-law only.) List your major areas of firm. Major Areas of Practice
ART III. MAJOR AREAS actice. If associated with a l	aw firm, list the major areas of practice of your <u>rm</u> <u>Major Areas of Practice</u>	Attorneys-at-law only.) List your major areas of firm. Major Areas of Practice

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

1/		<u>Kind of Income</u>
<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	
RT V. DISCLOSURE OF R 000 or more that you received do list loans from a relative. If non	EPORTABLE LIABILITIES. List the naturing the reporting period, and list the major at e, so state.	mes of creditors for any unsecured loans reas of economic activity of each creditor.
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
	. 184	
RT VI. DISCLOSURE OF		ift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF cregate value of more than \$300	GIFTS. Name the specific source of each grown a single source. If none, so state. 3.	ift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF cregate value of more than \$300	GIFTS. Name the specific source of each grown a single source. If none, so state. 3. 4. HONORARIA. List the source of any hor	ift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF or regate value of more than \$300 cm. RT VII. DISCLOSURE OF	GIFTS. Name the specific source of each grown a single source. If none, so state. 3. 4. HONORARIA. List the source of any horne, so state.	ift of more than \$300. Include gifts with

1.	\	2.		NA.	
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PART X. INCOM	ME RECEIVED BY MEMB	ERS OF IMMEDIA	TE FAMILY.	•	
child(ren) during ti	onomic activity representing ea he reporting period and the kir y spouse and (D) beside source	id of income represer	sted. Do not in	clude gifts. Indicate (spouse or dependent S) beside sources of
Type of Econo Representing E Income R	Each Source of			Kind of Income	
1. Avon	Reveresantai	Time			
2. Som	il Security				:
3. 1/an	Kamper				
4					
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appears that a l Attorney Gener statement or ha interest on ever branch of the L who willfully fa	filing of a false statemen Legislator has willfully firal. If the Commission do swillfully filed a false stay question and shall be pegislature, and shall not tills to file a required state ecoverable in a civil action	led a false statem etermines that a I atement, the Legistreeluded from volutionation attempt to influence to subject to	ent, it shall r Degislator has slator shall b sting on any o nce the outco o a civil pena	efer its findings of s willfully failed to e presumed to hav question in commi ome of any questio	f fact to the o file a required ve a conflict of ittee or in either n. A Legislator
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Walter	Q. Whieler	I SC .		-6-07	
	Signature			Date	